MERCY MEDICAL CENTER SUBACUTE

FAA GARRIER GENTER GODINGOT

500 SOUTH OAKWOOD ROAD

OSHKOSH 54904 Phone: (920) 223-3010 Ownership: Nonprofit Church Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? No Operate in Conjunction with Hospital? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 15 Total Licensed Bed Capacity (12/31/02): 15 Title 19 (Medicaid) Certified? No Number of Residents on 12/31/02: 13 Average Daily Census: 11

Services Provided to Non-Residents	Age, Sex, and Primary Diagn								
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis	양	Age Groups	%	Less Than 1 Year	100.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	15.4	More Than 4 Years	0.0		
Day Services No		Mental Illness (Org./Psy)	0.0	65 - 74	15.4	I			
Respite Care No		Mental Illness (Other)	0.0	75 - 84	46.2	I	100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	23.1	********	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent			
Congregate Meals No		o Cancer 7.7 Nurs				Nursing Staff per 100 Re	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	23.1	65 & Over	84.6				
Transportation	No	Cerebrovascular	15.4			RNs	70.6		
Referral Service	No	Diabetes	7.7	Sex	양	LPNs	5.7		
Other Services	No	Respiratory	15.4			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	30.8	Male	53.8	Aides, & Orderlies	37.2		
Mentally Ill	No			Female	46.2	1			
Provide Day Programming for			100.0			I			
Developmentally Disabled	No				100.0	1			

Method of Reimbursement

		edicare		_	dicaid			Other		P	rivate Pay	:		amily Care			Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	3	27.3	299	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	100.0	1E3	5	38.5
Skilled Care	8	72.7	297	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	61.5
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		0	0.0		0	0.0		0	0.0		0	0.0		2	100.0		13	100.0

MERCY MEDICAL CENTER SUBACUTE

*******	*****	*****	*****	*****	*****	*******	******
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	1	Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		84.6	15.4	13
Other Nursing Homes	0.0	Dressing	0.0		92.3	7.7	13
Acute Care Hospitals	99.0		0.0		92.3	7.7	13
Psych. HospMR/DD Facilities	0.2		0.0		92.3	7.7	13
Rehabilitation Hospitals	0.0		84.6		0.0	15.4	13
Other Locations	0.5	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	******
Total Number of Admissions	401	Continence		용	Special Treat		%
Percent Discharges To:	- 1	Indwelling Or Externa	al Catheter	30.8	Receiving F	Respiratory Care	61.5
Private Home/No Home Health	38.2			38.5	_	racheostomy Care	7.7
Private Home/With Home Health	28.6	Occ/Freq. Incontinent	t of Bowel	46.2	_	Suctioning	0.0
Other Nursing Homes	13.8				_	stomy Care	0.0
Acute Care Hospitals	10.3	Mobility			Receiving T	lube Feeding	7.7
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	15.4	Receiving N	Mechanically Altered Diets	15.4
Rehabilitation Hospitals	0.8						
Other Locations	4.5					nt Characteristics	
Deaths	3.8			7.7		ce Directives	38.5
Total Number of Discharges		With Rashes		15.4	Medications		
(Including Deaths)	398				Receiving E	sychoactive Drugs	7.7

	This	Other	Hospital-	All
	Facility	Based	Facilities	Facilties
	%	양	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73.3	87.4	0.84	85.1 0.86
Current Residents from In-County	92.3	84.3	1.10	76.6 1.20
Admissions from In-County, Still Residing	3.0	15.2	0.20	20.3 0.15
Admissions/Average Daily Census	3645.5	213.3	17.09	133.4 27.34
Discharges/Average Daily Census	3618.2	214.2	16.89	135.3 26.74
Discharges To Private Residence/Average Daily Census	2418.2	112.9	21.41	56.6 42.76
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3 1.16
Residents Aged 65 and Older	84.6	91.8	0.92	87.7 0.97
Title 19 (Medicaid) Funded Residents	0.0	65.1	0.00	67.5 0.00
Private Pay Funded Residents	0.0	22.6	0.00	21.0 0.00
Developmentally Disabled Residents	0.0	1.5	0.00	7.1 0.00
Mentally Ill Residents	0.0	31.3	0.00	33.3 0.00
General Medical Service Residents	30.8	21.8	1.41	20.5 1.50
<pre>Impaired ADL (Mean) *</pre>	47.7	48.9	0.97	49.3 0.97
Psychological Problems	7.7	51.6	0.15	54.0 0.14
Nursing Care Required (Mean)*	14.4	7.4	1.94	7.2 2.00